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*Election / Amends B / #7*  
Locket No.: PF-0334-2 DIV (A.F.E.)  
*J 7.30.02*

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*Joyce Abriam*  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**TECH CENTER 1600/2900**

In re Application of: Hillman et al.

Title: NEW PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE

Serial No.: 09/892,287

Filing Date: June 26, 2001

Examiner: Roark, J

Group Art Unit: 1644

Box Non-Fee Amendment  
Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. 121**

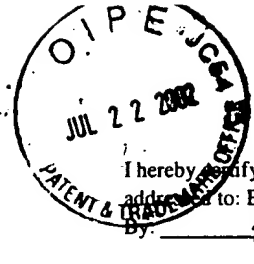
Sir:

This paper is responsive to the Restriction Requirement and Request for Election dated June 13, 2002, setting a one (1) month term for response. Prior to examination of the application, please amend the specification and claims of the above-identified application as listed below.

**IN THE SPECIFICATION**

Please replace the first paragraph on page 1 with the following rewritten paragraph:

*S INS C.I.*  
This application is a divisional application of U.S. application serial number 09/258,643 filed on February 26, 1999, now U.S. Patent No. 6,277,373, entitled PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE, which is a divisional application of U.S. application serial number 08/884,681 filed on June 27, 1997, now U.S. Patent No. 5,955,338, entitled PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE, the contents all of which are hereby incorporated by reference.

1644  
Docket No.: PF-0334-2 DIV

## Certificate of Mailing

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By: Joyce Abriam Printed: Joyce Abriam

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In re Application of: Hillman et al.

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## FEE TRANSMITTAL SHEET

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Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (9 pp.); and
3. Figures 2A, 2B, 2C, and 2D.

The fee has been calculated as shown below.

Claims	Claims After Amendment		Claim Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	17	-	20	=		x \$18.00	0	\$ 0
Indep.	1	-	3	=		x \$84.00	0	\$ 0
First Presentation of Multiple Dependent Claims						+ \$280.00		\$ 0
Total Fee:								\$ 0

☒ No additional Fee is required.☒ Please charge Deposit Account No. 09-0108 in the amount of : \$ 0

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 15 July 2002Shirley A. Racipon

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